

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD073489288  
 AlliedSignal Laminate Systems  
 665 Lybrand Street  
 Postville, IA

EPA ID NO:

MAR 04 1996  
RSP. BRANCHU.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
ICIDENTIFICATION AND  
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Allamakee	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →		G. State Same as label I A	H. Zip Code Same as label 52162-0977

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (GO TO BOX B)	
B. Number and street name of mailing address P.O. Box 977	
C. City, town, village, etc. Postville	D. State I A
E. Zip Code 52162-0977	

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. Trent Jesse C	B. Title EH&S Manager	C. Telephone 319 864-7321 Extension 4227
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Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. Gilbert James W.	B. Title General Manager
C. Signature James W. Gilbert	D. Date of signature 02 22 96 MO. DAY YR.

## Sec.V - Generator Status. Instruction pages 10, 12.

## A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

- ☒ 1 LOG  
☐ 2 SOG SKIP to SEC. VI  
☐ 3 CESQG  
☐ 4 Non generator (Continue to Box B)

## B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

## Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

## A. Storage subject to RCRA permitting requirements

1

## B. Treatment, disposal, or recycling subject to RCRA permitting requirements

1

## C. RCRA-exempt treatment, disposal, or recycling

13

## Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- ☒ 1 Yes  
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |  |
|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | d. Concern that product quality may decline as a result of source reduction  |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |   | Yes                                   | No                                    |  |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                      | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling                                |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process      | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | h. Technical limitations of production processes inhibit on-site recycling   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling                                      | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling  | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
|                                       |                                       |   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
|                                       |                                       |   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                                       |                                       |   | <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments:

RCRA Records Center  
R00065256

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD073489288

EPA ID NO:

AlliedSignal Laminate Systems  
665 Lybrand Street  
Postville, IA

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Still bottoms from solvent recovery batch distillation unit containing small amounts of acetone, toluene, & other various solvents.

B. EPA hazardous waste code Page 19.

F 0 0 3 F 0 0 5

D 0 0 1 D 0 3 5 U 0 0 2

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 0 8 3

E. Origin code 5 Page 19

System  
Type LM 0 2 1

F. Source code Page 20.

A 7 3

G. Point of measurement  
Page 20.

1

H. Form code  
Page 20.

B 6 0 2

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994  
Instruction Page 21.

4 9 5 0 0

B. Quantity generated in 1995  
Page 21.

2 4 5 0 0

C. UOM  
Page 21.

1

Density

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/PDTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type  
Page 22.

LM

Quantity treated, disposed, or recycled on site  
in 1995
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

ON-SITE PROCESS SYSTEM 2

On-site process system type  
Page 22.

LM

Quantity treated, disposed, or recycled on site  
in 1995
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)  
Instruction page 22. ☐ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 23.

O H D 093 945 2 9 3

C. System type shipped to  
Page 23.

LM 0 6 1

D. Off-site  
availability code  
Page 23.

1

E. Total quantity shipped in 1995  
Page 23.

2 4 5 0 0

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 23.

N A

C. System type shipped to  
Page 23.

LM

D. Off-site  
availability code  
Page 23.

1

E. Total quantity shipped in 1995  
Page 23.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)  
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

☐ W ☐ W  
☐ W ☐ W

C. Other effects Page 25.

☐ 1 Yes  
☐ 2 No
D. Quantity recycled in 1995 due to new activities  
Page 25.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0
E. Activity/production  
index Page 25.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

F. 1995 source reduction quantity Page 26.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0

Comments:

Section 1, Box B (cont): U154,U159,U220,U188


**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1995 Hazardous Waste Report

**FORM  
GM**
**WASTE GENERATION  
AND MANAGEMENT**

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SITE NAME:

EPA RCRA ID No. IAD073489288

EPA ID NO:

 AlliedSignal Laminate Systems  
 665 Lybrand Street  
 Postville, IA

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

<b>Sec. I</b>		A. Waste description - Instruction page 18. <b>Ignitable solvent used for parts washer, contains petroleum naptha</b>			
B. EPA hazardous waste code Page 19. <b>D039 D018</b> <b>NA NA NA</b>			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <b>3083</b>	E. Origin code <b>1</b> Page 19 System Type <b>LM</b>	F. Source code Page 20. <b>A09</b>	G. Point of measurement Page 20. <b>1</b>	H. Form code Page 20. <b>B203</b>	I. RCRA - radioactive mixed Page 20. <b>2</b>

<b>Sec. II</b>	A. Quantity generated in 1994 Instruction Page 21. <b>408.7</b>	B. Quantity generated in 1995 Page 21. <b>3685</b>	C. UOM Page 21. <b>1</b> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type Page 22. <b>LM</b>		Quantity treated, disposed, or recycled on site in 1995 _____		On-site process system type Page 22. <b>LM</b>
		Quantity treated, disposed, or recycled on site in 1995 _____		

<b>Sec. III</b>	A. Was any of this waste shipped off-site in 1995 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input type="checkbox"/> 2 No (SKIP TO SEC. IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <b>WID980896641</b>	C. System type shipped to Page 23. <b>LM029</b>	D. Off-site availability code Page 23. <b>1</b>	E. Total quantity shipped in 1995 Page 23. <b>3685</b>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <b>NA</b>	C. System type shipped to Page 23. <b>LM</b>	D. Off-site availability code Page 23. <b>1</b>	E. Total quantity shipped in 1995 Page 23. _____	

<b>Sec. IV</b>	A. Did new activities in 1995 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <b>54</b>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. <b>0.0</b>	E. Activity/production index Page 25. <b>NA</b>	F. 1995 source reduction quantity Page 26. <b>40.2</b>	

Comments:

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

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EPA RCRA ID No. IAD073489288

EPA ID NO:

AlliedSignal Laminate Systems  
665 Lybrand Street  
Postville, IA

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Spent ferric chloride solution from acid etcher used for product testing. Solution is corrosive.

B. EPA hazardous waste code Page 19.

D 0 0 2 D 0 0 7  
N A N A N A

C. State hazardous waste code Page 19.

\_\_\_\_\_

D. SIC code Page 19.

3 0 8 3

E. Origin code Page 19

System  
Type L M

F. Source code Page 20.

A 2 7

G. Point of measurement  
Page 20.

1

H. Form code  
Page 20.

B 1 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994  
Instruction Page 21.

3 6 0 0 0

B. Quantity generated in 1995  
Page 21.

1 3 5 0 0

C. UOM  
Page 21.

1

Density

☐ 1 lbs/gal ☐ 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/PDTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)  
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type  
Page 22.

L M

Quantity treated, disposed, or recycled on site  
in 1995

\_\_\_\_\_

ON-SITE PROCESS SYSTEM 2

On-site process system type  
Page 22.

L M

Quantity treated, disposed, or recycled on site  
in 1995

\_\_\_\_\_

Sec. III

A. Was any of this waste shipped off-site in 1995 ☐ 1 Yes (CONTINUE TO BOX B)  
Instruction page 22. ☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 23.

M I D 0 9 8 0 1 1 9 9 2

C. System type shipped to  
Page 23.

M 0 7 9

D. Off-site  
availability code  
Page 23.

1

E. Total quantity shipped in 1995  
Page 23.

1 3 5 0 0

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 23.

N A

C. System type shipped to  
Page 23.

L M

D. Off-site  
availability code  
Page 23.

1

E. Total quantity shipped in 1995  
Page 23.

\_\_\_\_\_

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)  
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

L W L W  
L W L W

C. Other effects Page 25.

☐ 1 Yes  
☐ 2 No

D. Quantity recycled in 1995 due to new activities  
Page 25.

\_\_\_\_\_

E. Activity/production  
index Page 25.

\_\_\_\_\_

F. 1995 source reduction quantity Page 26.

\_\_\_\_\_

Comments:

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

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EPA RCRA ID No. IAD073489288

EPA ID NO:

AlliedSignal Laminate Systems  
665 Lybrand Street  
Postville, IA

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Ignitable liquid, mixture contains nags, acetone, and toluene from treater clean up.

B. EPA hazardous waste code Page 19.

F 0 0 3 F 0 0 5

D 0 0 1 D 0 3 5 U 0 0 2

C. State hazardous waste code Page 19.

\_\_\_\_\_

D. SIC code Page 19.

3 0 8 3

E. Origin code Page 19

System  
Type L M \_\_\_\_\_

F. Source code Page 20.

A 0 9

G. Point of measurement  
Page 20.

1

H. Form code  
Page 20.

B 2 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II

A. Quantity generated in 1994  
Instruction Page 21.

1 8 0 0 0

B. Quantity generated in 1995  
Page 21.

2 1 0 0 0

C. UOM  
Page 21.

1 \_\_\_\_\_

☐ 1 lbs/gal ☐ 2 sg

Density

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/PDTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)

☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type  
Page 22.

L M \_\_\_\_\_

Quantity treated, disposed, or recycled on site  
in 1995

\_\_\_\_\_

ON-SITE PROCESS SYSTEM 2

On-site process system type  
Page 22.

L M \_\_\_\_\_

Quantity treated, disposed, or recycled on site  
in 1995

\_\_\_\_\_

Sec. III

A. Was any of this waste shipped off-site in 1995 ☐ 1 Yes (CONTINUE TO BOX B)  
Instruction page 22. ☒ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 23.

O H D 0 9 3 9 4 5 2 9 3

C. System type shipped to  
Page 23.

L M 0 6 1

D. Off-site  
availability code  
Page 23.

1

E. Total quantity shipped in 1995  
Page 23.

2 1 0 0 0

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 23.

N A \_\_\_\_\_

C. System type shipped to  
Page 23.

L M \_\_\_\_\_

D. Off-site  
availability code  
Page 23.

\_\_\_\_\_

E. Total quantity shipped in 1995  
Page 23

\_\_\_\_\_

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)  
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

L W \_\_\_\_\_  
L W \_\_\_\_\_

C. Other effects Page 25.

☐ 1 Yes  
☐ 2 No
D. Quantity recycled in 1995 due to new activities  
Page 25.

\_\_\_\_\_

E. Activity/production  
index Page 25.

\_\_\_\_\_

F. 1995 source reduction quantity Page 26.

\_\_\_\_\_

Comments:

Section 1, Box B (cont.) U154,U159,U220,U188

1995 Hazardous Waste Report

## WASTE GENERATION AND MANAGEMENT

**AlliedSignal Laminate Systems**  
665 Lybrand Street  
Postville, IA

**FORM**  
**GM**

2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Section 1, Box B (cont): U154,U159,U220,U188


**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1995 Hazardous Waste Report

**FORM  
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**WASTE GENERATION  
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 Postville, IA

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

<b>Sec. I</b> A. Waste description - Instruction page 18. Ignitable solvent mixture from contaminated ground water. Contains toluene and methanol.					
B. EPA hazardous waste code Page 19. D 0 0 1 D 0 1 8 D 0 3 5 F 0 0 2 F 0 0 3			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. 3 0 8 3	E. Origin code <u>2</u> Page 19 System Type LM	F. Source code Page 20. A 6 5	G. Point of measurement Page 20. 3	H. Form code Page 20. B 2 1 0 3	I. RCRA - radioactive mixed Page 20. 2

<b>Sec. II</b> A. Quantity generated in 1994 Instruction Page 21. _____ 0 . 0		B. Quantity generated in 1995 Page 21. _____ 1 9 4 8 5 0		C. UOM Page 21. 1 _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>			
On-site process system type Page 22. LM		Quantity treated, disposed, or recycled on site in 1995 _____		On-site process system type Page 22. LM	
		Quantity treated, disposed, or recycled on site in 1995 _____			

<b>Sec. III</b> A. Was any of this waste shipped off-site in 1995 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 22. <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. O H D 0 9 3 9 4 5 2 9 3	C. System type shipped to Page 23. M 0 4 1	D. Off-site availability code Page 23. 1	E. Total quantity shipped in 1995 Page 23. _____ 1 9 4 8 5 . 0
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. N A	C. System type shipped to Page 23. LM	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____

<b>Sec. IV</b> A. Did new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. LW LW LW LW	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1995 source reduction quantity Page 26. _____	

Comments: Section 1, Box B (cont.): F005, U002, U019, U031, U140, U154, U080, U159, U188, U220, U239

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665 Lybrand Street

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PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
PSWASTE TREATMENT,  
DISPOSAL, OR RECYCLING  
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 Hazardous Waste Report booklet before completing this form.

## Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 38.

Solvent Recovery through distillation process.

B. System type  
Page 38.

M 0 2 1

C. Regulatory status  
Page 39.

0 8

D. Operational status  
Page 39.

0 1

E. Unit types  
Page 39.

0 1 N A

## Sec. II

A. 1995 influent quantity

Instruction page 40.

Total 1 2 2 7 1 0 UOM 5 Density 6.8

RCRA 1 2 2 7 1 0 ☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity  
Page 41.

Total 1 6 5 0 0 0

RCRA                     

C. 1995 liquid effluent quantity  
Instruction page 42.

Total 0.0 UOM            Density           

RCRA 0.0 ☐ 1 lbs/gal ☐ 2 sg

D. 1995 solid/sludge residual quantity.  
Page 43.

Total 0.0 UOM            Density           

RCRA 0.0 ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity  
Page 43.1. 0 9 2.            3.           F. Commercial capacity availability code  
Page 43.1G. Percent capacity commercially available  
Page 43.0 %

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD073489288  
 AlliedSignal Laminate Systems  
 665 Lybrand Street  
 Postville, IA

EPA ID NO:


**U.S. ENVIRONMENTAL  
 PROTECTION AGENCY**

1995 Hazardous Waste Report

**FORM  
 01**
**OFF-SITE  
 IDENTIFICATION**

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter <u>I A O 0 0 0 1 0 9 8 2 7</u>	B. Name of off-site installation or transporter A-Tec Recycling, Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSOR	D. Address of off-site installation Street <u>5745 NE 17th Street</u> City <u>Des Moines</u> State <u>I A</u> Zip <u>5 0 3 1 3</u>	
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter <u>W I D 9 8 0 8 9 6 6 4 1</u>	B. Name of off-site installation or transporter Safety-Kleen Corp.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSOR	D. Address of off-site installation Street <u>2109 1/2 Ward Ave.</u> City <u>LaCrosse</u> State <u>W I</u> Zip <u>5 4 6 0 1</u>	
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter <u>I L D 0 9 9 2 0 2 6 8 1</u>	B. Name of off-site installation or transporter Chemical Waste Management
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSOR	D. Address of off-site installation Street <u>4301 Infirmary Rd.</u> City <u>West Carrollton</u> State <u>O H</u> Zip <u>4 5 4 4 9</u>	
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter <u>M I D 0 9 8 0 1 1 9 9 2</u>	B. Name of off-site installation or transporter Cynokem
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSOR	D. Address of off-site installation Street <u>12381 Schaefer Hwy</u> City <u>Detroit</u> State <u>MI</u> Zip <u>4 8 2 2 7</u>	
<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter <u>I L D 9 8 1 9 5 7 2 3 6</u>	B. Name of off-site installation or transporter SET Environmental
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSOR	D. Address of off-site installation Street <u>450 Sumar Road</u> City <u>Wheeling</u> State <u>I L</u> Zip <u>5 0 0 9 0</u>	

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA RCRA ID No. IAD073489288

EPA ID NO:

AlliedSignal Laminate Systems

665 Lybrand Street

Postville, IA

FORM  
01U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE  
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter A R D 9 8 1 9 0 8 5 5 7	B. Name of off-site installation or transporter J.B. Hunt
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSOR	D. Address of off-site installation Street NA City State Zip	

Site 2	A. EPA ID No. of off-site installation or transporter O H D 0 9 3 9 4 5 2 9 3	B. Name of off-site installation or transporter Chemical Waste Management
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSOR	D. Address of off-site installation Street 4301 Infirmary Rd. City West Carrollton State OH Zip 45449	

Site 3	A. EPA ID No. of off-site installation or transporter O H 0 0 0 0 0 0 5 3 9	B. Name of off-site installation or transporter Midwest Environmental Transport
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSOR	D. Address of off-site installation Street NA City State Zip	

Site 4	A. EPA ID No. of off-site installation or transporter 	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSOR	D. Address of off-site installation Street City State Zip	

Site 5	A. EPA ID No. of off-site installation or transporter 	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSOR	D. Address of off-site installation Street City State Zip	

Comments: